MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03129

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS P.B. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural give location) 319. New York ave

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) S. (Last) Ahrens

4. DATE OF DEATH: (Month) May. (Day) 31 (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: March 11-1870

9. AGE last birthday: 79 yrs.; If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Louisville Ky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emil Sincere (Sincere)

14. MOTHER'S MAIDEN NAME: Henrietta Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknowo) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Arthur S. Ahrens (son) 319 New York ave Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial failure — 2 wks

434.1

Antecedent cause(s)

Diseases or conditions, if aoy, giving rise to the above cause statiog the underlying cause last

93.2

(b) Congestive failure — 1 mo

(c) Udemia — ?

II. OTHER SIGNIFICANT CONDITIONS
Cooditions cootributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15 1949 to Mar. 31 1949, that I last saw the deceased alive on Mar. 31, 1949, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert R. Starr M.D. Salisbury 4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 4

NAME OF CEMETERY OR CREMATORY Mayfield Cem.

LOCATION (City, town, or county) Cleveland (State) Ohio

DATE REC'D BY LOCAL REG. April 1, 1949

REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md

Walter R. Holloway

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03130

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs; MARYLAND; LENGTH OF STAY (in this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mardela

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs; STREET ADDRESS (If rural give location) Mardela

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Devlin	Allen, Sr.	3	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	W		May 1, 1865	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Colorist	—	New York City N.Y.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Allen	Jane Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Mrs. Harlan Graham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Chronic Myocarditis

124b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September, 1947, to March 10th, 1949, that I last saw the deceased alive on March 10th, 1949, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Emrich M.D. ADDRESS Helen - Md. DATE SIGNED March 11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/12/49	Memorial Park	St. Petersburg, Fla.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-49	Mary M. Holloway Deputy	The Hill & Johnson Co.	Salisbury, Md.

VS. A15

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MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03131

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 40 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS Camden Ave; Ext — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural give location) Camden Ave; Ext

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Francis	Allen	3	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Male	White	Married	Feb 25, 1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fruit Grower	Nursery + F.G.	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert James Allen	Elizabeth Ellen Twilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yr, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no —	—	Mrs Martha Allen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

200.1 **Immediate cause** (a) Intestinal Obstruction

Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lympho-sarcoma

(c) Arteriosclerosis & Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from March, 1949, to March 21 1949, that I last saw the deceased alive on mar 21, 1949, and that death occurred at 6:02 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred R. Gramse	M.D.	Salisbury, Md	3/21/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/23/49	Parsons Cemetery	Salisbury	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 21, 1949	Louise Strong Taylor	The Hall + Johnson Co	Salisbury Md

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MAR 23 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03132

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) R. F. #2

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Baby Girl (Last) Ayres

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 13 1949

9. AGE last birthday: yrs. — If under 1 year: Months — Days 14 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clifton Ayres

14. MOTHER'S MAIDEN NAME: Madelyn Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Clifton Ayres

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4 **Immediate cause** (a) Asphyxia

157e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Heart disease - Type undetermined Tricuspid Heart WCM

(c) Possible Subarachnoid Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1949, to March 27 1949, that I last saw the deceased alive on March 26, 1949, and that death occurred at 1.15 p.m., from the causes and on the date stated above.

SIGNATURE: William C. Morgan — (Degree or title) M.D. — ADDRESS: 502 N. Division St. Salisbury Md. — DATE SIGNED: 3/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 28/49 — NAME OF CEMETERY OR CREMATORY: Taylor Cem. — LOCATION (City, town, or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REG.: Mar. 30, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: Elmer E. Timmons — ADDRESS: Snow Hill, Md

VS. A15

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MARGIN RESERVED FOR BINDING

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 11

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar R.F.D.
LENGTH OF STAY (in this place) about 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Northampton COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Exmore Va
STREET ADDRESS (If rural give location) no

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Anne (Last) Bailey
4. DATE OF DEATH (Month) Mar (Day) 23 (Year) 1949
5. SEX female
6. COLOR OR RACE a.a
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Apr 6, 1883
9. AGE last birthday 65 yrs. If under 1 year Months 11 Days 17 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Some
11. BIRTHPLACE (State or foreign country) Va. Exmore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin Palmer
14. MOTHER'S MAIDEN NAME Maggie Garison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. 213-22-6434
17. INFORMANT John Onley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 6 days

83a Antecedent cause(s) (b) arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1949, to March 22nd 1949, that I last saw the deceased alive on March 22nd, 1949, and that death occurred at 3.30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Emrich M.D. ADDRESS Hebron Md. DATE SIGNED March 25-49

Burial Mar. 27-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 27-49
NAME OF CEMETERY OR CREMATORY Mardella Md
LOCATION (City, town, or county) Mardella (State) Md
DATE REC'D BY LOCAL REG. March 27-49
REGISTRAR'S SIGNATURE Harry E Hudson
24. FUNERAL DIRECTOR James T. Stewart ADDRESS Salisbury Md

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RECEIVED
MAR 29 1949
BUREAU V. S.

03134

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 25 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Beach				4. DATE OF DEATH (Month) 3 (Day) 17 (Year) 1949			
5. SEX: Male	6. COLOR OR RACE: a a	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH: 1887	9. AGE last birthday: 62 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Same		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Noah Beach			14. MOTHER'S MAIDEN NAME: Josephine Peters				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) ✓		16. SOCIAL SECURITY NO. 214-10-8446	17. INFORMANT: Rev. Roy Ennis				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

975 Immediate cause (a) Drowning — Sudden death

Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Wicomico River	(CITY OR TOWN) Salisbury	(COUNTY) Wicomico	(STATE) Md
TIME OF INJURY (Month) 3 (Day) 17 (Year) 49 (Hour) unknown m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Jumped into river		

22. I hereby certify that I attended the deceased from ~~Medical Examiner Certificate~~, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at unknown m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L A Rademaker	M.D. Deputy Med Exm	Salisbury Md	3/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-29-49	NAME OF CEMETERY OR CREMATORY Rock-a-walkin	LOCATION (City, town, or county) (State) Rock-a-walkin Md.

DATE REC'D BY LOCAL REG. Mar. 29, 1949	REGISTRAR'S SIGNATURE Louise Strong Taylor	24. FUNERAL DIRECTOR James F. Stewart, 402 E. Church St Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU

03135

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 Poplar street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 313 (If rural give location) Poplar st.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Carter (Last) Blackson
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH June 18-1875
9. AGE last birthday 73 yrs. If under 1 year Months 8 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Aaron Blackson
14. MOTHER'S MAIDEN NAME Mamie Matten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Paul I. Blackson 313 Poplar st. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis. Congestive heart failure.

(c) Coronary Disease

INTERVAL BETWEEN ONSET AND DEATH: 3 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 5, 1949 to March 12 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 9.45 P m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman M.D. (Degree or title)
ADDRESS 238 Camden Ave, Salisbury, Md
DATE SIGNED 3-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 15 1949
NAME OF CEMETERY OR CREMATORY Asbury Church Cem. N.D.
LOCATION (City, town, or county) Georgetown Del. (State)

DATE REC'D BY LOCAL REG. Mar. 15, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md.
ADDRESS Walter R. Holloway

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03136

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fosterville | LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fosterville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) (Last) Bounds

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 4, 1882

9. AGE last birthday: 66 yrs. | If under 1 year: Months. 7 | Days 2 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce Inspector

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Allen, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles B. Smith

14. MOTHER'S MAIDEN NAME: Arianna Insley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-16-7400

17. INFORMANT: Ann Heath

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 **Immediate cause** (a) Carcinoma of Right Breast. — Interval between onset and death: 2 years

50 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Nov, 1947, to 6 March, 1949, that I last saw the deceased alive on 6 March, 1949, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Richard W. Saunders M.D. — Nanticoke Md. — 7 March 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/8/49 | NAME OF CEMETERY OR CREMATORY: Allen Cemetery | LOCATION (City, town, or county): Allen (State): Md

DATE REC'D BY LOCAL REG. 3-9-49 | REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy | 24. FUNERAL DIRECTOR: Holloway & Salisbury | ADDRESS: Md. Walter R. Holloway

RECEIVED
MAR 9 1949
BUREAU V. S.

03137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): R.D. #2

3. NAME OF DECEASED (Type or Print) (First) Ola (Middle) (Last) Bromley
4. DATE OF DEATH (Month) (Day) (Year) March 25 - 1949
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: June 4 - 1885
9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H. White
14. MOTHER'S MAIDEN NAME: Annie Short
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. John Wilkins (daughter) Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

332 Antecedent cause(s) (b) Cerebral Arteriosclerosis — Symptoms 5 yrs

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension, Essential — Symptoms 6 yrs

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease — 2 yrs

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 11, 1947, to March 25, 1949, that I last saw the deceased alive on Mar. 25, 1949, and that death occurred at 10.40 a.m., from the causes and on the date stated above.

SIGNATURE: David J. Gilmore (Degree or title) M.D. — ADDRESS: Salisbury Md. — DATE SIGNED: March 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 28-49 — NAME OF CEMETERY OR CREMATORY: Parsons Cem. — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: Mar. 26, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: Holloway & Co. — ADDRESS: Salisbury Md. Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03138

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12 days 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY War.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) R.R. #3

3. NAME OF DECEASED (Type or Print) (First) Madge (Middle) (Annie Margaret) (Last) Bryde

4. DATE OF DEATH (Month) 3 (Day) 20 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 4, 1912
9. AGE last birthday 36 yrs. If under 1 year Months 2 Days 16 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. J. V. Bryde
14. MOTHER'S MAIDEN NAME Henrietta Bell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs J. V. Bryde

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Undernutrition	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nontropical Sprue	3 yrs.
	(c) Bronchopneumonia	

286.0
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1949, to 3/20, 1949, that I last saw the deceased alive on 3/20, 1949, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 3/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/23/49
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin Md (State)

DATE REC'D BY LOCAL REG. Mar. 25, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Annie R. Buchanan ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

D3139

Died in accident — Room 11 Pocomoke Hospital 20 minutes after admission

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va — COUNTY Accomac — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Church — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Archie	S	Burton	March 31 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Widowed	May 15 - 1892	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner & Manager Saw Mill — 10b. KIND OF BUSINESS OR INDUSTRY: Lumber — 11. BIRTHPLACE (State or foreign country): Worcester Co. Md. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm Franz Burton — 14. MOTHER'S MAIDEN NAME: Dora Virginia Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Roger D. Burton (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Skull — 816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 1700

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Automobile Collision

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Hwy	near Pocomoke City	Worcester	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work	Not While At work	HOW DID INJURY OCCUR?
3	31	1949	2:45 P.M.	yes	☐	His Auto. was struck by oil truck

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased dead alive on 3/31 19 49 and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE M. L. Taylor (Degree or title) M.D. ADDRESS Asst. Med. Examiner, Pocomoke DATE SIGNED 3/31/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 3, 1949	Downings cemt.	Oak Hall, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 5, 1949	Louise Strong Taylor	J. D. Johnson, Sve.	Parksley, Va.

VS. A15

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APR 7 1949
BUREAU V. S.

03140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 Naylor st.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 317 Naylor st.

3. NAME OF DECEASED (Type or Print) (First) Mildred (Middle) Mae (Last) Chatham
4. DATE OF DEATH (Month) March (Day) 30 (Year) 1949
5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Oct. 19-1905
9. AGE last birthday 43 yrs. If under 1 year Months 5 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) R.D. Georgetown Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wesley Donoho
14. MOTHER'S MAIDEN NAME Margaret Scott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Iris Mills (Daughter) 317 Naylor st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma of brain — 6 mo.

170

Antecedent cause(s)

50

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma of breast — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Mar. 30, 1949, that I last saw the deceased alive on Mar. 29, 1949, and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE Robert R. Starr, (Degree or title) M.D. ADDRESS Salisbury DATE SIGNED 4-1-49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE April 1-1949
NAME OF CEMETERY OR CREMATORY Parrom Am.
LOCATION (City, town, or county) Salisbury Md. (State)
DATE REC'D BY LOCAL REG. April 1, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

C3141

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108. High. st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 108. High street

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) — (Last) Cinno (or Cimino)

4. DATE OF DEATH (Month) 3 (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 29-1873
9. AGE last birthday 75 yrs. If under 1 year Months 1 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (State or foreign country) Cefalu Italy
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Gus Cimino
14. MOTHER'S MAIDEN NAME Mary Grace Tamburo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs. John J. D'antonio (daughter) 4043 Reisterstown Road Balto. 15, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1949, to 3/11, 1949, that I last saw the deceased alive on 3/11, 1949, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE Fred R. Gramse (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 3/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 16-49
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.
LOCATION (City, town, or county) (State) Balto. Maryland

DATE REC'D BY LOCAL REG. 3-12-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR Holloway & Co ADDRESS Salisbury Md. Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 15 1949
BUREAU V. S.

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03142

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 18 3rd Street

3. NAME OF DECEASED (Type or Print): (First) Millie (Middle) Elizabeth (Last) Davis

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 21, 1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months. 3 — Days 9 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Johnstown, Pa.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: August Drebes

14. MOTHER'S MAIDEN NAME: Mary Trabert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Victor A. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 93d

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Arteriosclerosis

Arteriosclerosis, obliterating - both legs

Arteriosclerotic Heart Disease

Bronchial Asthma, gangrene left leg

INTERVAL BETWEEN ONSET AND DEATH: Symptoms 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 9, 1949

19b. MAJOR FINDINGS OF OPERATION: Obliterating Arteriosclerosis with gangrene - Left leg

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1949, to March 3, 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE: David Gilmore (Degree or title) M.D. ADDRESS: Salisbury, Md. DATE SIGNED: Mar. 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/6/1949 — NAME OF CEMETERY OR CREMATORY: Bethany Cemetery — LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: 3-4-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy — **24. FUNERAL DIRECTOR**: Howard A. Gill — ADDRESS: Pocomoke City, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03143

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruby	Johnson	Davis	March	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		May 13, 1887	61 yrs.	10	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Lumberman		Maryland.	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William David	Nancy Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mrs. Ruby Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tubercular meningitis	2 mos
Antecedent cause(s)	Miliary Tuberculosis Rt Lung	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Renal calculi — 3 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 12, 1949, to March 15, 1949, that I last saw the deceased alive on March 14, 1949 and that death occurred at 10:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J A Mademalor	M.D.	502 No Div St Salisbury Md	3/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/17/49	Newark (Brown)	Newark	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 18, 1949	Louise Strong Taylor	Anna A. Burbage	Berlin Md

VS. A15

RECEIVED
MAR 21 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13144

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Donalds

4. DATE OF DEATH (Month) March (Day) 6 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 3/4/49 @ 5 Hrs

9. AGE last birthday yrs. If under 1 year: Months. Days 2. If under 24 hrs.: Hours 3 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) B. Hosp. Salisbury Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ralph Donalds

14. MOTHER'S MAIDEN NAME Mae (Nee) Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ralph Donalds (father) RD #1 Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — Interval between onset and death: 24 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity, Subarachnoid hemorrhage.

(c) Congenital atenosis of Duodenum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1949, to 3/6, 1949, that I last saw the deceased alive on 3/6, 1949, and that death occurred at 8 35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Morgan M.D.

ADDRESS 502 N. Division St Salisbury, Md

DATE SIGNED 3/7/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Mar 7-49

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) Salisbury

(State) Md

DATE REC'D BY LOCAL REG. 3-7-49

REGISTRAR'S SIGNATURE Mary W. Holloway Deputy

24. FUNERAL DIRECTOR Holloway & Co. Walter R. Holloway

ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 9 1949
BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03145

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #4.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural give location) R.D. #4.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	William	Dykes	March	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 27, 1892	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	R.D. #4, Salisbury Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest P. Dykes	Carrie Pryor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Dorothy M. Dykes (Wife) R.D. #4, Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
42 14	Immediate cause	(a) Coronary Embolism	
	Antecedent cause(s)	Hypertension	
92 d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular Heart Disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bleeding

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 48, to March 15-49, that I last saw the deceased alive on March 6, 1949, and that death occurred at about 5 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hugh R Mann		Salisbury Md	3/16/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 18-49	Dykes Family Cem.	R.D. #4. Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar-17, 1949	Louise Strong Taylor	Holloway & Co. Walter R. Holloway Jr.	Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 19 1949
BUREAU V. S.

Dr Gramse.

03146

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 301 Baker Street.

3. NAME OF DECEASED (Type or Print) (First) Baby girl (Middle) Emma Christine (Last) Elliott

4. DATE OF DEATH (Month) March (Day) 27 (Year) 1949

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Newborn — 8. DATE OF BIRTH 3-26-49 — 9. AGE last birthday yrs. — If under 1 year Months Days 1 — If under 24 hrs. Hours 16 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Billy Richard Elliott — 14. MOTHER'S MAIDEN NAME Christine Marie Cantwell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs Christine Marie Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26/49, 19..., to 3/27, 1949, that I last saw the deceased alive on 3/27, 1949, and that death occurred at 6:25 P m., from the causes and on the date stated above.

SIGNATURE Fred L. Gramse (Degree or title) M.D. — ADDRESS Salisbury, Md — DATE SIGNED 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 3/28/49 — NAME ~~OF CEMETERY OR~~ CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) Salisbury, Wic. (State) Md.

DATE REC'D BY LOCAL REG. Mar. 28, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor — 24. FUNERAL DIRECTOR Peninsula General Hospital — ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03147 339

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 N. Division St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
STREET ADDRESS (If rural, give location) 600 N Division

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Kennerly (Last) Evans.

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: May 12, 1860

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Irving Kennerly.

14. MOTHER'S MAIDEN NAME: Margaret Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Walter A. Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Uremia — Interval between onset and death: 2 mon

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vasc. renal disease — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1-49, 19..., to 3-27-49, 19..., that I last saw the deceased alive on 3-25-49, 19..., and that death occurred at 5P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lee L. Lowry M.D. Fruitland, Md. 3-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/29/49 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Md

DATE REC'D BY LOCAL REG.: Mar. 28, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: The Mill & Johnson Co — ADDRESS: Salisbury Md

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

03148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharptown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) THOMAS (Last) Fitchett

4. DATE OF DEATH (Month) March (Day) 12 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 3/1/'91
9. AGE last birthday 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Selbyville Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William F. Fitchett
14. MOTHER'S MAIDEN NAME Evelena An Villa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) World War #1
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Leonard Cinno

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.0 Immediate cause (a) Hemorrhage - Duodenal — INTERVAL BETWEEN ONSET AND DEATH: 13 days

Antecedent cause(s) (b) Peptic Ulcer - Duodenal — about 3 months

117a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease; pulmonary emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 1949, to Mar. 12, 1949, that I last saw the deceased alive on Mar. 12, 1949, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE David J. Schnorr (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED Mar 14, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/15/49
NAME OF CEMETERY OR CREMATORY Hebron Cemetery
LOCATION (City, town, or county) Hebron Md. (State)

DATE REC'D BY LOCAL REG. Mar-15, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR David K. Messick, ADDRESS Hebron, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

03149

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 107 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Parshall (Last) Freeman
4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Sept. 30. 1881
9. AGE last birthday: 67 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hugh R. Parshall
14. MOTHER'S MAIDEN NAME: Sarah West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. G. Richard Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of Uterus — 1 yr

171 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epithelioma of Cervix — 8 yrs

48a (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to 3.16, 1949, that I last saw the deceased alive on 3.15, 1949, and that death occurred at 6.15 A.m., from the causes and on the date stated above.

SIGNATURE: H A Brill (Degree or title) MD — ADDRESS: 504 N Division St Salisbury, Md — DATE SIGNED: 3.18.49

23. BURIAL, CREMATION REMOVAL (Specify): Cremated — DATE: 3/18/49 — NAME OF CEMETERY OR CREMATORY: J. Wm. Lee & Sons Crematorium — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Mar-18, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor — 24. FUNERAL DIRECTOR: The Hill & Johnson Co — ADDRESS: Salisbury, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03150

EVIDENCE FOR CORRECTION OF AGE IS ON:

FILM No. G 119 MAR 29 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 332

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 39 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ocean City Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): Ocean city Rd.

3. NAME OF DECEASED (Type or Print): (First) Hanna (Middle) Lee (Last) Givan

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Apr 20, 1874-7475

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Freeny

14. MOTHER'S MAIDEN NAME: Sallie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr Henry Givan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Mar 20, 1949, that I last saw the deceased alive on Mar 20, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Fred R. Cramer M.D. — Salisbury, Md — 3/21/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/22/49 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) Salisbury — (State) Md

DATE REC'D BY LOCAL REG. Mar. 21, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor — 24. FUNERAL DIRECTOR The Hill & Johnson Co — ADDRESS Salisbury Md

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03151

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) Since 5/2/44
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural, give location) 212 Rambler St.,

3. NAME OF DECEASED (Type or Print) (First) James (Middle) G. (Last) Hall
4. DATE OF DEATH (Month) March (Day) 4 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 1, 1905
9. AGE last birthday 44 yrs. If under 1 year: Months 1, Days 3; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cambridge, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME J. Gordon Hall
14. MOTHER'S MAIDEN NAME Sadie E. Dunnock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Patient on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Far Advanced Pulmonary Tuberculosis	5 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947, to 3/4/, 1949, that I last saw the deceased alive on 3/3/, 1949, and that death occurred at 6:20 a m., from the causes and on the date stated above.

SIGNATURE S H Hinder (Degree or title) M.D., ADDRESS Acting Supt., Salisbury, Md. DATE SIGNED March 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/6/49
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REG. 3-4-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR Le Compte Funeral Service, ADDRESS Cambridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1949
BUREAU V. S.

Dr Ensley.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03152

CB

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Virginia COUNTY Accomac.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oak Hall.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Baby girl~~ (Middle) JEANNE PAULETTE (Last) Hall

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Newborn
8. DATE OF BIRTH 3-26-49
9. AGE last birthday yrs. If under 1 year Months Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salisbury, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Fletcher Hall.
14. MOTHER'S MAIDEN NAME Reta Marie St Don.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Reta Marie Hall.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1949, to March 28, 1949, that I last saw the deceased alive on March 28, 1949, and that death occurred at 7 15 P m., from the causes and on the date stated above.

SIGNATURE Phillip A Ensley (Degree or title) ADDRESS Salisbury Md. DATE SIGNED 3/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 3-29-49
NAME OF ~~CEMETERY~~ OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REG. Mar-29, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Peninsula General Hospital, ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU T. S.

Dr Gramse

M

03153

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland
STREET ADDRESS (If rural, give location) 1713 North Division Street

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Ray (Last) Hastings

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan. 11-1899
9. AGE last birthday 50 yrs. If under 1 year Months 2 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carrier of Rural Mail at U.S. Post off. R.D. Salisbury Md.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) R.D. Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas N. Hastings
14. MOTHER'S MAIDEN NAME Alice M. Godlee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Alta R. Hastings (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1949, to 3/29, 1949, that I last saw the deceased alive on 3/29, 1949, and that death occurred at 5 15 P m., from the causes and on the date stated above.

SIGNATURE Fred R. Gramse (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 3/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 31-49
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury Md (State)

DATE REC'D BY LOCAL REG. Mar. 31, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
APR 4 1949
BUREAU V. S.

03155

Dr. ~~Radmaker~~ Gramse

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 313 Race street

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Henry (Last) Hopkins
4. DATE OF DEATH (Month) March (Day) 20 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 30-06
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk Dealer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) R.D.# Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Hopkins
14. MOTHER'S MAIDEN NAME Margie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) Old War #1
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Nettie M. Hopkins (Wife) 313 Race st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4201 Immediate cause (a) Coronary Occlusion

94a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to 3/20, 1949, that I last saw the deceased alive on 3/20, 1949, and that death occurred at 7.30 P m., from the causes and on the date stated above.

SIGNATURE Fred D. Gramse (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 3/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 23-49
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. Mar. 21, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. Walter R. Holloway
ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03154

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allen
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Allen
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Veronica (Middle) Hazel (Last) Joyce

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: 12-26-'48

9. AGE last birthday: yrs. — If under 1 year: Months 2, Days 7, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Purnell Stull

14. MOTHER'S MAIDEN NAME: Delois Joyce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —

(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Delois Joyce, Allen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 Immediate cause (a) Bronchopneumonia — Interval between onset and death: 24 hrs.

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Virus Infection, Upper Resp. Tract — 24 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1949, to March 3, 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE: Robert Rose (Degree or title): MD ADDRESS: Salisbury, Md. DATE SIGNED: 3/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-4-49 — NAME OF CEMETERY OR CREMATORY: Allen — LOCATION (City, town, or county): Allen (State): Md.

DATE REC'D BY LOCAL REG. 3-4-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway / Deputy.

24. FUNERAL DIRECTOR: James F. Stewart — ADDRESS: 402 E. Church St. Salisbury, Maryland

VS. A15

RECEIVED
MAR 7 1949
BUREAU V. S.

03156

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 229 Newton St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 229 Newton St

3. NAME OF DECEASED (Type or Print): (First) James (Middle) S (Last) Nelson
4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Nov 22 1858 | 9. AGE last birthday: 90 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel F Nelson
14. MOTHER'S MAIDEN NAME: Sarah Eleanor White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Mrs. Lola M. Hardesty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Myocarditis, Chronic Nephritis. ✓

131 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 18, 1948, to March 13, 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Hall Jr. M.D. 238 Camden Ave, Salisbury 3-14-49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE 3/16/49 | NAME OF CEMETERY OR CREMATORY Parsons Cemetary | LOCATION (City, town, or county) Salisbury | (State) Md

DATE REC'D BY LOCAL REG. Mar. 15, 1949 | REGISTRAR'S SIGNATURE Louise Strong Taylor | 24. FUNERAL DIRECTOR The Mill & Johnson | ADDRESS Salisbury Md

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. M.

EVIDENCE FOR CORRECTION OF AGE
+ BIRTH DATE IS ON)

FILM No. G 119 MAR 29 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03157

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) George; (Middle) Samuel; (Last) Messick

4. DATE OF DEATH: (Month) March; (Day) 11; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 23, ~~1877~~ 1869-78

9. AGE last birthday: 79 yrs.; If under 1 year: Months 11, Days 13, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Store

10b. KIND OF BUSINESS OR INDUSTRY: Merchandize

11. BIRTHPLACE (State or foreign country): Nanticoke

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Messick

14. MOTHER'S MAIDEN NAME: N. Frances Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Bertha Messick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610 **Immediate cause** (a) Uremia — Interval between onset and death: 4 weeks

1370 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bilateral pyelonephritis acute — Interval: same

(c) Prostatic hypertrophy severe and bladder stone — Interval: 2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1949, to March 11, 1949, that I last saw the deceased alive on March 11, 1949, and that death occurred at 11:20 AM m., from the causes and on the date stated above.

SIGNATURE: William B Fry M.D (Degree or title) ADDRESS: 504 N. Duncan St Salisbury Md. DATE SIGNED: March 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Mar 13, 1949; NAME OF CEMETERY OR CREMATORY: Turner Cemetery; LOCATION (City, town, or county) (State): Nanticoke Wicomico Md

DATE REC'D BY LOCAL REG.: 3-12-49; REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy

24. FUNERAL DIRECTOR: The Hill & Johnson Co; ADDRESS: Salisbury

RECEIVED
MAR 15 1949
BUREAU V. S.

Dr Starr -

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03158

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Salisbury Wicomico MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MT Vernon COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #2; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob		Newton	March	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months.	1 year Days	If under 24 hrs. Hours	Min.
Male	White	Married	Dec 3, 1876	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Truck farming	Blades Delaware	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Matthew Newton	Elizabeth Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	none	Mrs. Jacob Newton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
490 Immediate cause	(a) Coronary artery occlusion	20 min.
108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Central Pneumonia	1 wk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 27 1949, to Mar. 2, 1949, that I last saw the deceased alive on Mar. 2, 1949, and that death occurred at 8:55A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert R. Starr	M.D.	Salisbury	Mar. 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/4/49	Asbury Cemetery	Mt Vernon Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-3-49	Mary M. Holloway Deputy	Dale Dashiell	Pr. Anne Md.

RECEIVED
MAR 5 1949
BUREAU V. S.

Dr. Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03159

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD. #2	STREET ADDRESS (If rural give location) RD#2

3. NAME OF DECEASED (Type or Print) (First) Levin (Middle) James (Last) Nicholson — 4. DATE OF DEATH (Month) (Day) (Year) March 15 - 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Married	Dec. 16-1900	48 yrs.	2 29	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist at Flower shop. — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): White Haven Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore P. Nicholson — 14. MOTHER'S MAIDEN NAME: Mary E. Marvel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Co — 16. SOCIAL SECURITY NO.: 217-12-4308 — 17. INFORMANT: Mrs. Dorothy M. Nicholson (Wife) RD.#2. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162 Immediate cause (a) Primary Carcinoma of lungs.

47d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10, 1948, to March 15, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 350 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John H. Yeaman M.D. — ADDRESS 238 Camden Ave; Salisbury, Md — DATE SIGNED 3-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE March 17-1949 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REG. Mar. 17, 1949 — REGISTRAR'S SIGNATURE Louise Strong Taylor — 24. FUNERAL DIRECTOR Holloway & Co. — ADDRESS Salisbury Md. Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 19 1949
BUREAU OF M.

Dead on Arrival at Accident Room of Hospital

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03160

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Salisbury Blvd. (Peninsula General Hospital)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) RD. #4.

3. NAME OF DECEASED (Type or Print) ~~(First)~~ (Middle) Lewis Woodland Parker ~~(Last)~~

4. DATE OF DEATH (Month) (Day) (Year) March 24 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 25-1884
9. AGE last birthday 64 yrs. If under 1 year Months 8 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) RD. #4. Salisbury Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. Milton Parker
14. MOTHER'S MAIDEN NAME Rosanna Rebecca Fooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Elva F. Parker (Wife) RD. #4 Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

83 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laceration of scalp from subsequent fall — after death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical Examiner's certificate, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7 45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L A Rodemaker M.D. Dep Med Exam 502 No Div. Salisbury Md 3/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 26 1949
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) (State) Salisbury Md

DATE REC'D BY LOCAL REG. Mar. 25, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md ADDRESS
Walter R. Holloway

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 28 1949
BUREAU V. S.

Saunders Dr.

Twin 5'10 HM 8AM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gen. Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Head of Creek
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) McKinley (Middle) Price (Last)

4. DATE OF DEATH: (Month) Mar (Day) 1. (Year) 1949

5. SEX: Mal

6. COLOR OR RACE: Cau

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 6 1900

9. AGE last birthday: 49 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Head Creek

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Price.

14. MOTHER'S MAIDEN NAME: Blanch Price.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Nos | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mary Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 **Immediate cause** (a) Bronchial Pneumonia — Interval between onset and death: 2 days

124.6 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bacteria due to — 2-4 weeks.

(c) Bulging Cirrhosis years. — 6-12 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: operation due to advanced Bulging Cirrhosis | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1949, to March 1, 1949, that I last saw the deceased alive on Feb 28, 1949, and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William B. Fry M.D. Salisbury, Md. March 5/1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: March 1949 | NAME OF CEMETERY OR CREMATORY: Head Creek Cem | LOCATION (City, town, or county) (State): Head Creek Md

DATE REC'D BY LOCAL REG. 3-7-49 | REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy | 24. FUNERAL DIRECTOR | ADDRESS: Booker M West

VS-A15

RECEIVED
MAR 9 1949
BUREAU V. S.

Dr. Filmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03162

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; LENGTH OF STAY (in this place) 1 days; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin; STREET ADDRESS (If rural, give location) Railway Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Prideaux

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1949

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Berlin Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Prideaux, Sr.

14. MOTHER'S MAIDEN NAME: Mary Briddell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Stanley Prideaux

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: one day

83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — Interval Between Onset and Death: Symptoms 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease — Interval Between Onset and Death: Symptoms 3 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1949 to March 2, 1949, that I last saw the deceased alive on Mar. 2, 1949, and that death occurred at 12 45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David J. Gilmore M.D. ADDRESS Salisbury Md. DATE SIGNED Mar. 3 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3-6-49 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county) (State): Berlin Md.

DATE REC'D BY LOCAL REG. 3-7-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR ADDRESS: James F. Stewart, 402 E. Church St. Salisbury, Md.

RECEIVED
MAR 9 1949
BUREAU V. S.

Dr Waters

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03163

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md — LENGTH OF STAY (in this place) 11 days 6 hrs. 30 min. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Md — STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	James	H.	Purnell.		May	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs: Hours	Min.
male.	colored.		1888	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shell Cook	Same	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James L. Purnell	Hester A. Stevenson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		no	Nellie H. Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

161 **Immediate cause** (a) Acute Cardiac dilatation

47a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Larynx

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar 9, 1949, to Mar 20 1949, that I last saw the deceased alive on Mar 20, 1949 and that death occurred at 7.45 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

T H Waters MD Salisbury md. 320 Camden Ave Mar 21/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 23-1949	St Paul Cemetery	Stockton md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 23, 1949	Louise Strong Taylor	James H. Stewart	Salisbury, Md.

VS-A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03164

EVIDENCE FOR CORRECTION OF BIRTH DATE & AGE IS ON:

FILM No. G 11[illegible] MAR 29 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) Baden R.R.#2 = P.O. Address

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) Duncan (Last) Duncan

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 17 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 29m. Min. 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland Wicomico

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unwed -

14. MOTHER'S MAIDEN NAME: Edna Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Edna Weinberg (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 Immediate cause (a) prematurity 2 weeks.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1949, to 3/17, 1949, that I last saw the deceased alive on 3/17, 1949, and that death occurred at 2 35 P.m., from the causes and on the date stated above.

SIGNATURE: Osborne Christensen (Degree or title) M.D. ADDRESS: Salisbury, Md. DATE SIGNED: 3/18/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: March 18 1949 NAME OF CEMETERY OR CREMATORY: Ocean View Cemetery LOCATION (City, town, or county) (State): Ocean View Delaware

DATE REC'D BY LOCAL REG.: Mar-18,1949 REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR ADDRESS: Henry H Watson, Pocomoke City Md.

RECEIVED
MAR 21 1949
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03165

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Salisbury MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 621 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 621 W. Main St.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WASHINGTON (Last) ROBERTSON
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/24/76
9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bivalve, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME McKindley Robertson
14. MOTHER'S MAIDEN NAME Hettie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Marion Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1st, 1949, to March 12th, 1949, that I last saw the deceased alive on March 12th, 1949, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) M.D. ADDRESS Hebron-Md DATE SIGNED 3-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/15/49
NAME OF CEMETERY OR CREMATORY Bivalve Cem.
LOCATION (City, town, or county) Bivalve (State) Md.

DATE REC'D BY LOCAL REG. Mar. 15, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR David R. Messick, ADDRESS Hebron, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

03166

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Jacksonville
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jacksonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Robinson (Last) Robinson

4. DATE OF DEATH (Month) Mar (Day) 10, (Year) 1949

5. SEX female
6. COLOR OR RACE a. a
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) w.
8. DATE OF BIRTH 1881 (Apr.)
9. AGE last birthday 68 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Jacksonville Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Paterson
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Sarah Hicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH 3 wks

410

Antecedent cause(s)

92.5

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, Mitral Regurgitation — Unk (2 years)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1949, to Mar 9, 1949, that I last saw the deceased alive on Mar 7, 1949, and that death occurred at 5 A.M. m., from the causes and on the date stated above.

SIGNATURE Burial G. H. Sembly (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 3/11/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE Mar 13, 1949 NAME OF CEMETERY OR CREMATORY Green Acres LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 3-12-49 REGISTRAR'S SIGNATURE Mary W. Holloway Deputy. 24. FUNERAL DIRECTOR James H. Stewart ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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7

RECEIVED
MAR 15 1949
BUREAU V. S.

1949
68
1881

yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03167

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 212 E Locust St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Shockley	March	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 27-1880	68 yrs.	8	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Wicomico Co. Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Smullen	Rebecca Hurt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown? If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Grace Payne 212 E Locust St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.7 **Immediate cause** (a) Contusion + Subdural Hemorrhage due to head trauma.

186a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Home	Salisbury	Wicomico	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
3	16	49	11:00 a.m.			Patient fell striking head.

22. I hereby certify that I attended the deceased from 3-16-, 1949, to 3-16-, 1949, that I last saw the deceased alive on 3-16-, 1949, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John H. Yeaman M.D.	238 Camden Ave; Salisbury, Md	3/16/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May. 18-49	Mango Cem.	Mango. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar-17, 1949	Louise Strong Taylor	Hollowell & Co. Walter R. Hollowell	Salisbury Md

RECEIVED
MAR 19 1949
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03168

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 14 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 516. E. Church st.

3. NAME OF DECEASED (Type or Print): (First) Southey (Middle) Robert (Last) Spadey

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 16 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months 3 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): North Hampton Co. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas W. Spady

14. MOTHER'S MAIDEN NAME: Margaret Pcheacer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Mary Margaret Kelly 306. Hunton Pl. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

420.0 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to Mar. 11, 1949, that I last saw the deceased alive on Mar. 11, 1949, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE Fred R. Groome M.D. (Degree or title) ADDRESS Salisbury Md. DATE SIGNED 3-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE March 13-49 NAME OF CEMETERY OR CREMATORY Cape Charles Cem. LOCATION (City, town, or county) Cape Charles (State) Va.

DATE REC'D BY LOCAL REG. 3-11-49 REGISTRAR'S SIGNATURE Mary W. Holloway Deputy

24. FUNERAL DIRECTOR Holloway & G. Salisbury Md. Walter R. Holloway ADDRESS

RECEIVED
MAR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

EVIDENCE FOR CHANGE OF AGE IS ON!

03169

FILM No. G 119 MAR 22 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 West Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural give location) 1407 East Main St

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Frederick (Last) Stauch

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 30, 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Technician

10b. KIND OF BUSINESS OR INDUSTRY: Dental Supply

11. BIRTHPLACE (State or foreign country): Maryland Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Frederick Stauch

14. MOTHER'S MAIDEN NAME: Martha M. Pumphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Sarah B. Stauch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 10 minutes

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1949, to 3-10, 1949, that I last saw the deceased alive on 3-10, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Philip A Insley (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 3-11-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 3/13/49; NAME OF CEMETERY OR CREMATORY Memorial Park; LOCATION (City, town, or county) Salisbury; (State) Maryland

DATE REC'D BY LOCAL REG. 3-12-49; REGISTRAR'S SIGNATURE Mary W. Holloway Deputy

24. FUNERAL DIRECTOR The Hill & Johnson Co; ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

M

5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03170

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Tricamico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Pocomoke
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blaxton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lennie (Middle) Fletcher (Last) Thornes

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 16, 1916

9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Saw mill

11. BIRTHPLACE (State or foreign country) Blotom Va -

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Thornes

14. MOTHER'S MAIDEN NAME Manie Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 223-24-7089

17. INFORMANT Dorsey William Thornes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhages

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Skull (basal)

170c (c)

INTERVAL BETWEEN ONSET AND DEATH: 4+ hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Automobile Collision

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway near Pocomoke City (CITY OR TOWN) (COUNTY) Worcester (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 3 31 38 m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Struck by oil truck

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased ~~alive on~~ dead 3/31, 1949 and that death occurred at 7 28 P m., from the causes and on the date stated above.

SIGNATURE N. E. Cartonnes M.D. (Degree or title) Lic. Med. Examiner ADDRESS Pocomoke City Md DATE SIGNED 3/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 3, 1949

NAME OF CEMETERY OR CREMATORY Wessells cemt.

LOCATION (City, town, or county) Mears, Va. (State)

DATE REC'D BY LOCAL REG. April 5, 1949

REGISTRAR'S SIGNATURE Louise Strong Taylor

24. FUNERAL DIRECTOR J. D. Johnson, Inc. ADDRESS Parksley, Va.

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03171

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wicomico COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tyaskin md
STREET ADDRESS (If rural give location) no

3. NAME OF DECEASED (Type or Print) (First) Alberta (Middle) (Last) Waters

4. DATE OF DEATH (Month) Mar (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE a. a.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH about 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Same as Stated
11. BIRTHPLACE (State or foreign country) Wicomico Co md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Waters
14. MOTHER'S MAIDEN NAME Leah J. Danfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
15. SOCIAL SECURITY NO. no
17. INFORMANT Miriam White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular — INTERVAL BETWEEN ONSET AND DEATH 5 Years

442 Antecedent cause(s) Renal Disease

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Ovary — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept 1948, to 7 March 1949, that I last saw the deceased alive on 7 March, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard H. Saunders MD. ADDRESS Dantzohe Md. DATE SIGNED 9 March 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 10 - 1949
NAME OF CEMETERY OR CREMATORY John Wesley Church
LOCATION (City, town, or county) White Haven (State) md

DATE REC'D BY LOCAL REG. 3-10-49
REGISTRAR'S SIGNATURE Mary W. Holloway Deputy
24. FUNERAL DIRECTOR James F. Stewart
ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03173 332

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 2 hours 12 min	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Iva (Middle) Lee (Last) Wheatley			4. DATE OF DEATH (Month) March (Day) 18 (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant	8. DATE OF BIRTH 3-17-1949	9. AGE last birthday → yrs. If under Months. 1 year Days If under 24 hrs. Hours 12 Min. 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Herman D. Wheatley			14. MOTHER'S MAIDEN NAME Iva Lee Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT Herman D. Wheatley	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
754.4 Immediate cause	(a) Congenital Malformation Heart	2 hours 12 min.
Antecedent cause(s)		
157 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 17, 1949, to Mar 18, 1949, that I last saw the deceased alive on Mar 14, 1949, and that death occurred at 1:40 A.m., from the causes and on the date stated above.

SIGNATURE T. L. Kuhlman (Degree or title) ADDRESS Sharptown, Md. DATE SIGNED 3/18/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE 3/19 1949	NAME OF CEMETERY OR CREMATORY Firemans Cemetery	LOCATION (City, town, or county) Sharptown (State) Md
DATE REC'D BY LOCAL REG. Mar. 19, 1949	REGISTRAR'S SIGNATURE Louise Strong Taylor	24. FUNERAL DIRECTOR Gravenor Bros	ADDRESS Sharptown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03173

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Newton St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salesbury
STREET ADDRESS (If rural give location) 207 Newton St

3. NAME OF DECEASED (Type or Print): (First) Sally (Middle) Jane (Last) White
4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec 6, 1868
9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Sharpstown Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: WM Marshall
14. MOTHER'S MAIDEN NAME: unknow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. | (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs Fred Clash.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden about
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease	6 mos.
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no | PLACE (Home, farm, factory, street, OF INJURY office hldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from medical grants outpatient, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at unknown m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lafayette Mayor Steph Md Comm Salisbury 3/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/10/49 | NAME OF CEMETERY OR CREMATORY White Burial Plot | LOCATION (City, town, or county) Shad Point | (State) Md

DATE REC'D BY LOCAL REG. 3-8-49 | REGISTRAR'S SIGNATURE Mary W. Holloway Deputy. | 24. FUNERAL DIRECTOR Hill & Johnson Co | ADDRESS Salisbury Md

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03174

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (In this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) R. F. D. 2

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Emma (Last) Whittington

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 9, 1889

9. AGE last birthday: 59 yrs. | If under 1 year: Months 8, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Pocomoke City, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Whittington

14. MOTHER'S MAIDEN NAME: Caroline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-14-4612

17. INFORMANT: Lora J. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2-3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriolar Nephro-sclerosis	years
	(c) Hypertrophy and dilatation of heart.	years

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William B. Long M.D 504 N. Division St. Pocomoke City, Md March 11, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3/14/1949 | NAME OF CEMETERY OR CREMATORY Hall Hill | LOCATION (City, town or county) (State) Pocomoke City, Md

DATE REC'D BY LOCAL REG. 3-11-49 | REGISTRAR'S SIGNATURE Mary W. Holloway Deputy | 24. FUNERAL DIRECTOR ADDRESS Howard G. Gill, Pocomoke City, Md

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MAR 14 1949
BUREAU V. S.

Evidence for addition of cause of death

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03175

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) E. (Last) Wilkinson

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 23, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.: 7 months 20 days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Everett Watson

14. MOTHER'S MAIDEN NAME: Eva Sharpless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. William Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 1 week

Antecedent cause(s)

181 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1st + 2nd degree burns of back — 1 week.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Acc.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Fell on stove at time of Cerebral hemorrhage.

22. I hereby certify that I attended the deceased from 23 Feb., 1949 to 15 March 1949 (4/26/49 RS) that I last saw the deceased alive on 15 March, 1949 and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE: Richard H. Saunders — (Degree or title): M.D. — ADDRESS: Nanticoke Md — DATE SIGNED: 16 March 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/18/49 — NAME OF CEMETERY OR CREMATORY: Brandywine Cem. — LOCATION (City, town, or county) (State): Centerville Del.

DATE REC'D BY LOCAL REG.: Mar. 16, 1949 — REGISTRAR'S SIGNATURE: Louise Strong Taylor

24. FUNERAL DIRECTOR: Holloway & Hall — ADDRESS: Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1? 1949
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03176

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Lake Street Ext.

3. NAME OF DECEASED (Type or Print): (First) Marian (Middle) (Last) Wise

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1917 Aug 11

9. AGE last birthday: 31 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Tyaskin Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Church

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Carrollton Wise.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease — Interval between onset and death: 2 yrs.

416

Antecedent cause(s)

95

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Mar 6, 1949, that I last saw the deceased alive on March 6, 1949, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

David J. Gelsinger M.D. — Salisbury Md. — Mar. 10, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar 10, 1949 — NAME OF CEMETERY OR CREMATORY: Tyaskin Cem. — LOCATION (City, town, or county) (State): Tyaskin Md

DATE REC'D BY LOCAL REG. 3-10-49 — REGISTRAR'S SIGNATURE: Mary W. Holloway Deputy — 24. FUNERAL DIRECTOR — ADDRESS: Booker M. West, Salisbury, Md.

RECEIVED
MAR 12 1949
BUREAU F. S.

Dr Pock

03177

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) Elizabeth st

3. NAME OF DECEASED (Type or Print) (First) Georgia (Middle) (Last) Wynkoop

4. DATE OF DEATH (Month) (Day) (Year) March 21 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 15-1869
9. AGE last birthday 79 yrs. If under 1 year: Months 9 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nutzquin Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Moore
14. MOTHER'S MAIDEN NAME Nancy Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Mary Hughes (Grand Daughter) E. Fifth st. Bladen Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1 Immediate cause (a) Rupture of pendulous colon
Antecedent cause(s) Formation
121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) formation
(c)

INTERVAL BETWEEN ONSET AND DEATH: Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/25/49
19b. MAJOR FINDINGS OF OPERATION Sand
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1949, to 3/21, 1949, that I last saw the deceased alive on 3/20, 1949, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Salisbury DATE SIGNED Md 3-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE March 23-49
NAME OF CEMETERY OR CREMATORY Conoway Cem.
LOCATION (City, town, or county) Nutzquin Md. (State)

DATE REC'D BY LOCAL REG. Mar-21, 1949
REGISTRAR'S SIGNATURE Louise Strong Taylor
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.